



Large Jail Network Bulletin

A New Paradigm for Correctional Medicine: The Link to Community Health

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The Hampden County Correctional Center, a 1,500-bed "new generation" jail located in Springfield, Massachusetts, opened in October 1992, replacing the 105 year-old York Street facility. In cooperation with the state Department of Public Health and the city of Springfield's three neighborhood community health centers, the correctional center has developed a unique, community-based health care delivery system. Hampden County's approach responds to the need for a new paradigm in correctional medicine.

At the heart of the system is a commitment to continuity of care for offenders:

- Because more than 90 percent of inmates are from the greater Springfield area, most inmates

who are referred to the correctional center's medical clinic can be sorted by neighborhood and assigned to the appropriate community health center-linked medical team for care.

- As inmates approach discharge from the facility, community health center case managers develop individual discharge plans for each patient.

Program Description

On the living units, registered nurses are assigned to the same units each day to provide triage. Nurses see patients and treat minor illnesses or complaints. Inmates with more serious health problems are referred to the facility medical clinic.

The medical clinic operates every day from 8:00 a.m. to 3:00 p.m. Care is provided by three health teams, each composed of a part-time physician, a full-time nurse practitioner, a registered nurse with a background in treating infectious diseases, and a half-time case manager. Each team

is linked with one of Springfield's three community health centers.

Inmates referred to the facility medical clinic are assigned to a team on the basis of their home zip code and are seen by the team from the health center nearest their home. Each inmate therefore receives medical care from a team headed by a physician from his or her own neighborhood. Inmates who need emergency room or hospital care are treated by the same physician, who is also on the staff at the hospital associated with that particular health center.

Correctional center clinic physicians and case managers are provided by contract with the community health centers. Physicians and case managers are full-time employees of local health centers; they are "rented" to the correctional facility for a specified number of hours each week.

Case management and discharge planning. The program places a strong emphasis on discharge planning and case management; the case managers on each health team also work half time at one of the three local health centers. The key to the discharge planning process is to identify inmates who have problems in daily living and/or medical or mental health problems and who are scheduled to leave the facility within the next two to three months.

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Shaping Principles

Several core principles helped shape the Hampden County health care program:

- **Inmates are a part of the community in which they live.** Jail inmates were members of the community before incarceration; they are displaced members of the community while they are in jail or prison; and they will return to the community after they are released.
- **The correctional facility is a "reservoir of illness," which provides an opportunity for early detection, treatment, and education to a population that tends to avoid the health care system.** Approximately 70 percent of our prisoner population have never been involved in the community health care system, even though they are eligible. Treating these people affects not only the health of individuals but that of the public because it lowers the incidence and prevalence of infectious and communicable diseases.
- **We must return offenders to the community properly educated so that they can remain free of disease and prevent others from being infected by communicable diseases.** There is a real opportunity—some would say an obligation—to educate inmates about their illnesses, thereby decreasing the transmission rate of illness in the community. To treat a patient with HIV or a sexually transmitted disease is not enough: that patient must also be counseled on how to prevent spreading the illness to others.
- **Health care is an essential component of rehabilitation.** Hampden County Sheriff Michael J. Ashe describes our health care program as one of three legs of the rehabilitation stool, the other two being education/vocational training and readiness. Offenders with good attitudes about their health will view themselves more positively and be less inclined to engage in unwholesome and unwelcome behaviors when they return to the community.

Discharge planning starts in the facility and follows the inmate into the community. Case managers know exactly what services are available within their catchment area and

are able to refer inmates to one of the twenty-six community agencies with which the facility has a working relationship.

The discharge planning case management system encourages offenders to seek services from appropriate agencies as soon as they are released. Areas that commonly need to be addressed in the community include:

- Transitional housing;
- Vocational training or placement;
- Continuing education;
- Alcohol and/or drug treatment;
- Mental health care;
- Medical and/or dental care;
- Family problems, including the need to be reconnected with children;
- Discharge support groups; and
- Arrangements for Social Security payments, Medicaid, and other financial assistance.

The correctional facility also authorizes the immediate transfer of treatment records, which is very helpful to treating agencies.

The Hampden County Correctional Center also provides three ancillary programs for minimum-risk inmates preparing to return to the community. These include a pre-release program, a day reporting program, and the Western Massachusetts Correctional Alcohol Center. Authorized inmates may receive a day pass to go into the community for specific purposes, such as housing or vocational pursuits. By permitting inmates to visit their local health centers prior to being discharged, the day pass system helps overcome

inmates' resistance to seeking treatment and ensures their introduction into the health care system at the community level.

Community Health Benefits

Hampden County's community-linked treatment model offers a number of advantages from a community health perspective.

Inmates receive comprehensive, ongoing health care. This approach replaces what is in many jails a "shotgun" style of health care with irregular follow-up and no discharge planning. Health care often is not seen as affecting public health but rather as an emergency service designed to address acute situations. Treatment tends to be minimal, problem-focused, and often inadequate. In the long run, this type of care simply dumps inmates with illnesses back into the community. That approach eventually costs the taxpayer more than if the inmate had been properly treated at an earlier stage.

Inmates who receive ongoing care show a lower recidivism rate.

A discharged prisoner who has transitional living arrangements, is participating in an alcohol and drug program, and has regular health appointments is much less likely to be involved in criminal behavior than an inmate who is discharged with no resources and no place to live. A study of 144 HIV-positive inmates discharged from the Hampden County Correctional

Center from March 1993 through June 1, 1994, indicates that only twelve were returned to jail. This is a rate of 8.3 percent, well below our recidivism rate for all inmates, which exceeds 50 percent.

It is interesting to note that all twelve recidivists were returned to jail between two and five different times during the eighteen months in question; many returned four or five times for brief sentences. A further study of those twelve inmates indicated that they had fallen outside the discharge system-for whatever reason, they did not participate in the follow-up care arranged for them.

Another possible reason for lower recidivism among offenders who receive ongoing care is noted by Jackie Walker in the ***National Prison Project Journal***. Walker writes that "In some cases prisoners with HIV/AIDS unable to find treatment and services on the outside recidivate in order to receive medical care. California Department of Corrections' statistics for 1992 show a recidivism rate of 70 percent for prisoners with HIV/AIDS compared to 52 percent for HIV-negative prisoners."

Early diagnosis and treatment are possible for communicable diseases that might otherwise go undetected or untreated in a highly mobile inmate population.

As Drs. Jordan B. Glaser and Robert Greifinger have noted, "Approximately 1.2 million inmates in U.S. correctional institutions have a high

prevalence of communicable disease, such as human immunodeficiency virus (HIV), tuberculosis, Hepatitis B viral infection, and gonorrhea as well as other sexually transmitted diseases. Before their incarceration most inmates had limited access to health care, which, together with poor compliance because of lifestyle, made it difficult to identify and treat them in the general community. Because of the high yearly turnover (approximately 800 percent and 50 percent in jails and prisons, respectively), the criminal justice system can play an important public health role during incarceration and in the immediate post-release period. Taking advantage of the period of confinement would serve both the individual and society by controlling communicable diseases in large urban communities." ²

Services provided by the jail function as a real extension of the community health program. In Hampden County, for example, the Brightwood Health Center has estimated that approximately 15 percent of its adult male patients are housed in the county correctional center.

The program provides a training facility for students of nursing, medicine, public health, and nurse practice. The correctional facility provides an effective training site for these disciplines. At the same time, the presence of these students creates a learning environment, which is very healthy for the correctional center.

The treatment model integrates public, community health, and correctional health services. The Massachusetts Department of Public Health has become a full partner in our treatment programs by providing funding, clinical and program expertise, program development, and supervision. In addition, the agency is able to transfer programs that are successful in this facility to other correctional facilities around the state.

Our approach promotes community interaction. Opportunities for involvement are diverse. A buddy system is being developed for inmates who are HIV-positive. A consumer advisory panel is envisioned. An AIDS Advisory Committee has formed, with most members coming from the community. Ex-inmates are invited to return to the facility as role models for those seeking to make changes in lifestyle and behavioral patterns while they are incarcerated. Feedback from inmates for suggested improvements to the program has been quite substantial.

The treatment model makes it possible to address women's health issues specifically in a way that was heretofore impossible. A therapeutic community has been formed in the women's living area, and the triage nurse has become an integral part of that community.

Challenges to Program Implementation

Nothing is perfect, and this program is no exception:

- Although each local health center has embraced the concept, it has been difficult for them to make an immediate commitment to providing personnel. It has taken a year and a half since beginning the program to achieve the necessary physician staffing levels from each of the health centers.
- We have found that health center personnel need a period of time to adapt to a correctional environment. Issues such as security, transportation, environment, and distance from other treatment facilities all were difficult initially.
- It has also proven difficult to coordinate a community-wide system of outpatient care. There are three health centers in the greater Springfield area, and a fourth is in the process of development. We work with two separate hospitals and more than twenty-six different state, city, and private agencies. It is a formidable task to get twenty-six agencies to cooperate rather than compete with each other.

Despite these difficulties, Hampden County has been able to develop a community system of care because Sheriff Ashe enthusiastically endorses the concept. Sheriff Ashe has often said, "We are not a fortress in the woods but, rather, a

community-integrated correctional center." We have also been fortunate to work with enthusiastic members of the community health system. Finally, the Massachusetts Public Health Department has been especially helpful and supportive.

Other correctional facilities interested in developing a similar program would need comparable resources and support. We have been fortunate. A confluence of positive factors have all come together at the right time, in the right environment, and with the right individuals involved.

For additional information, contact Dr. Thomas Conklin, Hampden County Sheriff's Department, 627 Randall Road, Ludlow, Massachusetts, 01056-1079; telephone (413) 547-8000, ext. 2344.

Notes

1. Jackie Walker, "Prisoners with HIV/AIDS Need Services After Discharge," *National Prison Project Journal* 9(2) (Spring 1994): 18.
2. Dr. Jordan B. Glaser and Dr. Robert Greifinger, "Correctional Health Care: A Public Health Opportunity," *CorrectCare* 7(2), (April/May 1993): 1. ■